

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-63-006808

STATE FILE NUMBER

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No.

149

Primary Registration District No.

1002

Registrar's No.

745

FILED FEB 18 1963

1. PLACE OF DEATH

a. COUNTY

JACKSON

b. CITY (If outside corporate limits, give TOWNSHIP only)
OR TOWN

KANSAS CITY

Length of stay in lb

23 YEARS

c. FULL NAME OF (If NOT in hospital, give location)
HOSPITAL OR INSTITUTION

918 BENTON BLVD

Inside Limits

Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

a. STATE

MISSOURI

b. COUNTY

JACKSON

c. CITY

OR TOWN

KANSAS CITY

d. STREET ADDRESS

918 BENTON BLVD.

Inside Limits

Yes ☒ No ☐

Reside on Farm

Yes ☐ No ☒

3. NAME OF DECEASED (Type or print)

First JULIA

Middle EVELYN

Last MARTIN

4. DATE OF DEATH

Month JANUARY

Day 31

Year 1963

5. SEX

Female

6. COLOR OR RACE

CAUCASIAN

7. Married ☒ Never Married ☐

Widowed ☐ Divorced ☐

8. DATE OF BIRTH

1/25/1897

9. AGE (last birthday)

66

IF UNDER 1 YEAR

Months Days Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

HOUSEWIFE

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (City and state or country)

CAMDEN COUNTY MO

12. CITIZEN OF WHAT COUNTRY

U.S.A.

13a. FATHER'S NAME

ALBERT ELLMORE

13b. MOTHER'S MAIDEN NAME

ISA DANIELS

14. NAME OF HUSBAND OR WIFE

IRA J. MARTIN

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of)

No

16. SOCIAL SECURITY NO.

75

17. INFORMANT

IRA J. MARTIN

Address

918 BENTON BLVD. KANSAS CITY MO

18. CAUSE OF DEATH (Enter only one cause per PART I. DEATH WAS CAUSED BY)

IMMEDIATE CAUSE (a)

Negative Coma

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

DUE TO (b)

Portal cirrhosis

DUE TO (c)

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

PART III. If deceased was female was there a pregnancy in last 90 days.

☐ Yes ☒ No ☐ Unknown

19. WAS AUTOPSY PERFORMED? YES ☐ NO ☒

20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year

20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION

COUNTY

STATE

21. I attended the deceased from

1/28/63

to 1/31/63

and last saw her alive on 1/31/63

Death occurred at

9:00 P.

m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE

W. R. Nichols, M.D.

(Degree or title)

22b. ADDRESS

3524 Main

22c. DATE SIGNED

2/6/63

23a. BURIAL, CREMATION, REMOVAL (Specify)

BURIAL

23b. DATE

FEB 5, 1963

23c. NAME OF CEMETERY OR CREMATORY

NATIONAL CEMETERY

23d. LOCATION (City, town, or county)

FORT LEAVENWORTH KANSAS

24. FUNERAL DIRECTOR

1231 BRUSH & CREEK BLVD.

ADDRESS

25. DATE RECD. BY LOCAL REG.

DW. NEWCOMER'S SONS, KANSAS CITY MO 2-4, 63

26. REGISTRAR'S SIGNATURE

Ruth Long

(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK
OR
TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

DOCUMENT

BY AFFIDAVIT OF

Memritt R. Frich Medical Certification

DO NOTARY R FRIED D.O.
3534 MAIN ST, WHE 1-0980
10:30

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed Vern L. Lauer

Licensed Embalmer No. 4915

P. O. Address KC Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING: (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.